

**U.S. DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS
ATTORNEY APPEARANCE FORM**

NOTE: In order to appear before this Court an attorney must either be a member in good standing of this Court's general bar or be granted leave to appear *pro hac vice* as provided for by Local Rules 83.12 through 83.14.

In the Matter of

Case Number:

Sandra Njos v. Rockford Health System,
an Illinois not-for-profit Corporation, and
Rockford Memorial Hospital, an Illinois
not-for-profit Corporation, Robert Escarza M.D.,
Rhonda Casavant, R.N.

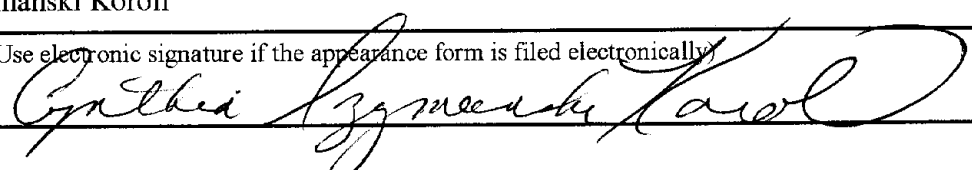
07 C 50213

AN APPEARANCE IS HEREBY FILED BY THE UNDERSIGNED AS ATTORNEY FOR:

Sandra Njos

FILED**OCT 30 2007**

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

NAME (Type or print) Cynthia Szymanski Koroll	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ 	
FIRM The Szymanski Koroll Litigation Group	
STREET ADDRESS One Court Place, Suite 102	
CITY/STATE/ZIP Rockford, Illinois 61101	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6275102	TELEPHONE NUMBER 815-639-9000
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	

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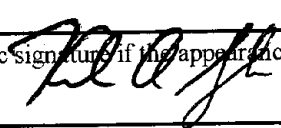
07 C 5 0 2 13

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Sandra Njos

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OCT 30 2007

NAME (Type or print) Karl A Szymanski		MICHAEL W. DOBBINS CLERK, U.S. DISTRICT COURT	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ 			
FIRM The Szymanski Koroll Litigation Group			
STREET ADDRESS One Court Place, Suite 102			
CITY/STATE/ZIP Rockford, Illinois 61101			
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 6273141		TELEPHONE NUMBER 815-639-9000	
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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